Describing Needs in Practical Terms:
A Tactic to Avoid Unnecessary Conflict

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Considerable conflict sometimes arises when members of treatment teams establish early positions about particular service ttles, placement types or levels of care they feel should be authorized to meet the needs of enrolled members. John VanDenBerg, Ph.D. states that "…most often, the greater the intensity of need for a child and family, the less individualized, strength-based and culturally competent the plans that are actually created for them." Using a cookie-cutter approach, a child welfare worker, for example, might argue that a child's disruption from several foster family placements means that "he needs a therapeutic group home or a residential treatment center." A behavioral health clinician may respond, however, that given the absence of recent instances of suicidality or homicidal ideation or assaultive actions, that "he does not meet level-of-care criteria for a TGH or RTC placement" -- and thus another battle has begun.

In the book "Getting to Yes" by the Harvard Negotiation Project, an alternative to such an argument was offered that might open up greater possibilities for agreement among partner systems, and to highly individualized, targeted and more effective decisions about authorization of supports and services that consider and build on existing strengths and assets of the client along the way. In essence, the alternative approach is for team members to resist against taking specific positions (e.g. "RTC vs. no RTC"), and instead seek to first reach consensus on the principles that might underlie any specific position.

In the example above, one would want to understand why the child has disrupted from the previous foster family placements -- or, more to the point, what might be required for the child in any setting in order for him to be successful and stable. (Perhaps a disruption occurred for reasons entirely about the foster family and not effected by the needs of the child at all.) When the child's needs have not been successfully met in previous placement settings, perhaps it is because the child requires a specific level of supervision; and/or caregivers with a discernible set of skills, expertise and knowledge; and or an environment with certain characteristics (e.g. no younger, vulnerable children where he lives).

Identifying such factors leads to proposing certain "principles" to which team members might readily agree. Team members might all agree that the child: a. needs direct line-of-sight supervision by a responsible adult whenever he is out in community settings, and at least within-earshot supervision by a responsible teenager or adult when he is home and awake. Further, they might agree that he needs close monitoring of prescription medication by a qualified medical professional. Further, they might agree that caregivers meeting the particular parenting needs of this child need frequent breaks. And finally, they might agree that, philosophically, like all children his age, he should live with a family, that all people should be supported to live in the least restrictive setting that can appropriately meet their identified needs. These are all examples of "principles," or what might be termed definition of the child's needs in practical terms.

Only when a team has agreed to the needs of the child in practical terms (or to the "principles" that define the child's needs), would they then progress to a separate step of determining how best to meet those needs. The team can brainstorm at this point the options that can possibly meet his identified needs, and can test each option against the principles to which it has already agreed. A secure RTC might meet the supervision and medication monitoring needs, and for caregivers to have frequent breaks [e.g. shift staff], but not the principle of living with a family. Living with another foster family might meet the supervision and family living needs, but only with specific strategies might the needs for medication monitoring and for frequent caregiver breaks be met.

When the team members can agree in practical/principled terms to a description of a member's needs, then there may be many different avenues available in terms of formal services and supports, natural and non-traditional strategies and supports to help meet those needs in an optimal manner.

In shorthand, children do not "need an RTC." They may need specific levels of supervision, of expertise in and support to caregivers, of access to clinical professionals, of specific characteristics in environments they may occupy. By prematurely trying to label the service, opportunities for individualization, optimization of existing assets, and creativity may be lost; and often unnecessary battles are begun. By first agreeing to principles, opportunities for agreement, and for our best and most effective work become more plentiful.